	PAIENI	APPLICATIO Effect		09069309								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							. [RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	· 2	$C_{\mathcal{O}}$			X\$ 9=		OH	X\$18=	
	Independent	· / 2_	Minus	NOCNI	3	= 9		X40=		OR	X80 ²	774.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	,
BEST AVAILABLE COPY								TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. /	Minus	;	20	= 0		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	NDENG	12	=-6		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+135=		OR	+270=	
03-29-05						L	TOTAL		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3) '												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 7	Minus	<u>"2</u>	<u> </u>	= Ø		X\$ 9=		OR	x50	8
	Independent FIRST PRESE	NTATION OF MI	Minus JLTIPLE DEPE	MDENT	CLAIM			X40=		OR	200	Ø
							 	+135=		OR	447784	Ø
** 1	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	TOTAL ADDIT. FEE	0
•	The "Highest Num	ber Previously Pai	d For (Total or tr	orace i ndepende	a reas vizi ent) is the	highest numbe	r foun	d in the ap	propriate box	r in coi	lumn t.	'
FORM	PTO-875										ACTUENT OF	

Application or Docket Number